

# **First lecture on the Waking Dream, a French Approach to Psychotherapy**

For the Child and Adolescent Psychotherapy Program  
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This evening we are examining the Waking Dream, a French approach to psychotherapy and psychoanalysis, and the work of Nicole Fabre, the major proponent of this approach. While the Waking Dream is used with children, adolescents, and adults, we will be examining its application in child psychotherapy and psychoanalysis. Your reading for this class includes three chapters from a book by Nicole Fabre, which I have translated from the French. I have translated the title of the book as "You Can Dream While You're Wide Awake: Child Psychotherapy and the Realm of the Imaginary" (the literal translation of the title is "The Work of the Imaginary in Child Psychotherapy"). In making these translations and in learning about the Awakening Dream, I have had wonderful opportunities to discuss these subjects with Fabre and her colleagues in their professional organization, the International Group for the Waking Dream in Psychoanalysis (the French acronym for this organization is GIREP). GIREP is a very active organization that publishes a journal, runs a training program, offers lectures and seminars, and organizes a conference every other year. GIREP also maintains an extensive web site ([www.le-reve-eveille-en-psychanalyse.com](http://www.le-reve-eveille-en-psychanalyse.com)). Because the literature on the Waking Dream is almost entirely in French, this approach is virtually unknown in the United States.

Nicole Fabre writes beautifully in French, and any awkwardness or mistakes in the readings are entirely my own.

Before getting into the specific material about child psychotherapy, I want to give a brief summary of the Waking Dream. Some of the concepts in the Waking Dream are not familiar or typical for American therapists. This approach is very French, and also European, in its conception of, and emphasis on, the inner life. We Americans tend to put more emphasis on external reality. Currently our emphasis on "empirically based therapy" and on cognitive and behavioral techniques for changing thinking and emotion are quite different from the Waking Dream. Even in play therapy, we see books and workshops on topics like "tools for your toolbox," rather than on the images and concepts that characterize the child's inner life. In some ways, the Waking Dream is a challenge to many of our current American ways of looking at psychotherapy. You will also find that the Waking Dream is compatible with many psychodynamic ideas of child psychotherapy, particularly those of Donald Winnicott.

The Waking Dream was initially developed in France in the 1920s by Robert Desoille. Desoille was influenced not only by Surrealism in the arts, but also by the concept of the Imaginary, a very important concept in French culture. The French word *Imaginaire*

doesn't easily translate into English. It is often simply translated as "the Imaginary." The English word "imaginary" does not really correspond. The Imaginary refers to our capacity for truly creative imagining or fantasy. The Imaginary is not at all the same as "daydreaming" or "reverie," but rather is a much deeper human capacity that channels the unconscious mind.

Chapter 1 of Fabre's book presents the Imaginary as illustrated in French and European philosophy and literature. One of the most important principles is Gaston Bachelard's point that our most important imaginative ability is our ability to alter the images furnished by perception. This includes the idea of being liberated from the perception of reality. Fabre likens the freedom from rules and reality to Winnicott's concept of play -- pure play as opposed to a game with rules. This does not imply that people shouldn't develop the capacity to perceive the world realistically; it implies that people also learn to put realism aside in the service of growth. Canadian psychologist and Bachelard scholar Christian Thiboutot (2005) of the Université de Montréal discusses the English translation of *l'imaginaire* in this manner (translation from the French by the author):

We have to think of the qualifier "imaginary" as a noun: "the imaginary."  
The translation would then give us "imaginary world," "imaginative realm," "imaginary order," or again "the concept of the imaginary"

The Imaginary is a concept that includes space. Waking Dream therapists speak of movement in the Imaginary. We Americans tend to be enthusiastic about movement (as rapidly as possible) on the ground and in the air, but movement within imaginary space may not be as easily accessible to us. We may be able to appreciate these ideas through an exercise. With eyes closed, imagine yourself floating in a vast, empty room. Now put things in the room, whatever and wherever you want. Then move to each thing in the room and explore it: how does it look; how does it sound; how does it feel; how does it taste; etc. The Waking Dream facilitates the patient's exploration of imaginary space; further, it facilitates the development of this space: where do the images lead and what do they suggest?

Originally, the Waking Dream, as developed by Desoille, relied primarily on guided imagery specified by the therapist and using symbolic images taken from history, mythology, and literature. After learning the Waking Dream from Desoille, Nicole Fabre developed it as a nondirective and psychoanalytic approach, in which the patient discovers her own imagery, and the therapist facilitates the development and interpretation of the patient's imagery. She also pioneered the use of the Waking Dream with children. She has trained many therapists, and has published a large number of books on psychotherapy, parent guidance, and other topics.

Waking Dream therapists recognize and use the fact that the Imaginary is at work in both patient and therapist. This is similar to the concept of intersubjectivity in relational psychoanalysis.

Now, as we enter Fabre's book on child psychotherapy, I want to call your attention to the dedication "to the children; I no longer know whether they took me by the hand or whether I took theirs." This statement shows the great respect that she has for children, and for their communications, whether verbal or nonverbal. This respect and mutuality is a characteristic principle of the Waking Dream. In the book's introduction, she makes it clear that the Waking Dream is not simply a therapeutic technique, but must draw on the therapist's access to her own Imaginary, personal and family history, and self-awareness. The absence of theoretical jargon, and the eloquent, lyrical writing style are refreshing. This writing style invites us to tune in to the depth and beauty of *everyone's* communication and personal experience. She tells us of the discovery and the importance of the Imaginary in her own life, and emphasizes that the inner reality of the Imaginary is no less real, and no less powerful than the behavior and events of the "outer" life. In Chapter 1, Fabre discusses the meaning of the Imaginary. She draws from metaphorical and literary sources, as well as from philosophy. In the US, the field of psychotherapy is somewhat preoccupied with being "scientific" and "empirical." We also are somewhat preoccupied with techniques. Fabre's manner of presenting the Imaginary reminds us that psychotherapy should be anchored in the Humanities as much as in the Sciences.

In another book, Fabre (1998) described her experience of the power of the Imaginary in a stressful setting during World War II. As a young adult, she volunteered to work in a camp in the French mountains where children were hidden from the Nazis. These children were separated from their families, fearing the worst. Fabre discovered through imagery and intuitive storytelling that the Imaginary could help individuals and groups sustain themselves psychologically. These imaginary stories were not simply escape, avoidance, or denial. The Imaginary was transformative; it enhanced emotional development and resiliency, and strengthened personalities.

I want to spend most of our time on Chapter 10, the story of Joel, because I know that so many of you work with children who are very difficult behaviorally and emotionally. Sometimes we are tempted to say that a child like this is "not a good candidate for psychotherapy." Her therapy with Joel illustrates the adaptability of the Waking Dream to a situation in which purely non-directive therapy would not have been able to provide him with a sufficiently containing environment in which he would feel safe from his chaotic fears and impulses. In addition, this chapter shows the Waking Dream as helping a child with a neurodevelopmental disorder grow developmentally. Fabre doesn't identify the specific developmental disorder, but says that it was acquired in utero. She describes Joel's disorder as "pre-psychotic." She describes "pathological factors" that were due not just to the disorder itself, but also to the "climate" in the family that was established in response to the disorder. Often when we work with children who have neurodevelopmental disorders, we recognize that we cannot treat the original disorder (for example, autism or cerebral palsy), but we can treat the emotional and behavior problems. These emotional and behavioral problems may originally have been secondary to the developmental disorder, but may have come to threaten the child and family even more than the original disorder.

In the beginning Fabre establishes three crucial aspects of the therapy. First, through her presence and her gestures more than her words, she establishes the limits and boundaries of the therapy. Second, she establishes the therapy as a relationship in which he will feel warmth and acceptance, and receive help. Third, she offers puppets and toys as a more productive expression of his feelings and ideas than his impulsive and chaotic tendencies. To be sure, Joel is at first not happy to give up his impulsive, action-oriented behavior. Over time, with Fabre's support, he learns to express himself in more complex and nuanced ways. He is increasingly able to process impulses, channel them into creative play, and delay acting them out. Then the time comes when Fabre wants Joel to take the next step, to rely on the Imaginary and his verbal abilities and to begin to give up the concrete "props" of the toys. The ultimate goal is that he be able to explore his own imaginary space, not just the physical toys and the space they occupy in the room.

Fabre, through words, actions, and the growing relationship, wants to convey to Joel that puppets and toys are a vehicle to the Imaginary: She writes,

Dreams can attach themselves to these objects. For the present, we weren't that far along. This child until now had been able to express his impulses and anxieties only through direct action. Moreover, he hurled this direct expression at the four winds rather than addressing it to any particular person. I was simply suggesting that he differentiate, displace, transfer, put into words and communicate to me all that I had earlier declared meaningful.

This is a profound idea that I want to discuss with you, and hope that you will contribute your own associations and ideas: Waking Dreams can attach themselves to toys, puppets, drawings, play, etc. Fabre's idea is radically different from the traditional idea that toys and play have specific symbolic meanings, and that these symbolic meanings reveal the child's unconscious feelings and allow us to make therapeutic interpretations. Dreams are much richer than simple symbolic associations, and, at the same time, they are more flexible. How do dreams attach themselves? In Joel's case, he would need to work developmentally to the point where the dreams could happen.

Fabre's formulation of the treatment is based on helping Joel climb the ladder of development in stages, and her treatment techniques will depend on the stage he has reached. For example, she knows she will not use interpretation in the beginning, even though interpretation will be essential after Joel has achieved a developmental stage where he can use it. The goals of differentiation, displacement, transferring, putting into words and communicating are all developmental goals that we are studying in our program during our two years together.

Fabre's initial interventions with Joel generally concern delay of action and displacement of impulses onto objects, in a process which will become less and less concrete and less and less motor-driven. His aggressive, poorly modulated, impulsive behavior had a voracious quality, and she responded by giving him a wolf and supplying the words, "This

wolf is very hungry.” Joel wonders if she is afraid, and we can imagine the repetitive patterns in his life in which his aggression makes people afraid, and they respond punitively. Fabre, however, again takes the initiative to deflect Joel’s behavior into a story that encourages him to begin to understand a type of communication that can tie together impulses and feelings into meaning that can be communicated in a relationship. He is still at a relatively low level of development, and his attempt at pretend play is overwhelmed by his intense impulses -- after the wolf puppets eats the other puppets, Joel himself bites the puppets.

Have you also been in therapeutic situations with impulsive, aggressive children? Have you felt threatened that the child could become aggressive with you? Have you wondered how to respond therapeutically while also maintaining the safety that is also a foundation of psychotherapy? Instead of reminding Joel of the rules and limits, instead of threatening Joel with having to stop the session if he didn’t stay in control, Fabre successfully re-directed him to the puppets while providing her own words to communicate what he was feeling. Had she invoked a rule and set a limit, the therapeutic frame and the therapeutic interaction would have been interrupted. At the same time, we are aware that hurtful aggression also interrupts the therapeutic frame. Our work with difficult children necessarily involves some tension between these two defining principles of the therapeutic frame. I well remember a time when a boy gave me a bloody nose, and the time it took to repair the therapy after that. Likewise I remember when my anxiety caused me to set limits too quickly, and that also created problems for the therapy. Have you had similar dilemmas?

At this point in Joel’s therapy, he accepted the displacement of feelings and impulses onto puppets; however, he was not using them in narratives, in stories, which could become waking dreams. In a process we would call “scaffolding”, she supplies part of the story, so that Joel can learn to contribute to the story. Joel finishes her sentence about the wolf’s being hungry. She writes, “Over the months, the sessions continued in a noticeably similar manner, always with the double theme of ‘being afraid’ and ‘being forever hungry.’ Always with my putting things into words and getting him to put things into words.” During this time, she writes, “Words progressively took the place of screams, or were used along with them.”

The next development occurred after Joel’s calmer behavior during sessions allowed Fabre to resume taking notes. Joel’s questions about her therapy notes, written in session, prompted important answers that advanced the therapeutic process. He became interested in the stories that she wrote -- stories that gave Joel a new perspective on himself, and a new ability to form images about his own play. He lay on the floor to listen. She writes, “Through my words, I was recreating for Joel a story that had a unifying thread, a meaning, a memory. In doing this, I was making his story come to life...” He was “dreaming his own original story.” A great revelation follows. Joel says, “Well, I wrote that, I! That’s what it is – it’s me.” Fabre writes, “he had a revelation of seeing himself in a mirror, and recognizing himself. It was as if his story -- having become a fable through my voice, experienced by him as a waking dream through his listening – had opened him to the experience of his own image, had brought him to a sort of certainty of his own existence.”

This “revelation of seeing himself” demonstrates the power of psychotherapy that can focus on emotional development.

We see Joel moving not only towards emotional health, but also towards the ability to engage in the Waking Dream. At this stage of the therapy, the crocodile figure becomes important to him. He “attached a dream” to a crocodile figure in a way that shows us how the Imaginary can take us far beyond any concrete toy or object, far beyond any procedures for problem-solving, and far beyond the boundaries and limits of our own history:

“The crocodile, he came near the water. I mean, he’s in the water, the crocodile, he’s in the water...In the water... He likes it, the crocodile, being in the water...He goes for a swim. He’s not thinking about anything...He’s there...do crocodiles know how to swim?... Anyway he’s swimming around like that...He’s looking around, he’s looking around...My crocodile, he doesn’t see anything in the water. But he’s happy because the water’s warm and out there it’s nighttime. He’s going on, going on...He doesn’t know where, he doesn’t see much...”

The final stage in this treatment occurred after two years of therapy, and was initiated by the therapist. Fabre directs Joel to take a decisive step towards the true Waking Dream. This is a step towards giving up the dependence on concrete objects, such as toys, in favor of working with internal images and concepts. He had progressed from impulsive acting out to a more reflective process still mediated by Fabre’s notes and her voice. She now says to Joel, “Today, you get everything ready to make the story. And after that, you don’t touch anything. You see it in your head, you feel it, you talk...” Fabre explains, “Since restraining action encourages seeing things in images and talking in order to communicate what is seen and, as well, lived, Joel passed progressively into the classic waking dream.” Let’s examine this statement carefully. First, Fabre notes that restraining action encourages us to see our thoughts and feelings in images. Without the ability to restrain impulsive action, we don’t take the time to produce images, beyond possibly the most concrete and momentary visual impressions. Second, she notes that restraining action encourages us to communicate what is seen and experienced (what we live). Third, she notes that restraint, images, and communication allowed Joel to progress into the capacity for the waking dream which enlivened the rest of his treatment.

Joel is now able to bring up and develop themes without concerning himself with the limitations of concrete objects. He uses the Imaginary to form images from things in the therapy room, and events in his life. He shows a more nuanced understanding of himself in relation to his own images, saying, “Today it was a ‘wolf’ day” (He felt like the wolf he used to play with, but without having to act like a wolf). He can now refer to his own feelings and ideas, and his history, while remaining emotionally regulated, and while using the meanings he has developed. He says, “Sometimes I’d like to be a baby...but maybe it wasn’t so great when I was a baby. Maybe I already had problems -- you know, worries.” And again: “The crocodile has some of the baby and some of the wolf.” Finally, when he still has days of instability, he can use his internalized image of the therapist and say, “When I’m getting crazy, I think about you and the wolf because he’s kind of crazy.” He

is no longer afraid of himself and no longer scares his parents. It is now time for him to end the therapy. Because his growth enabled him to use the Imaginary and the Waking Dream, he was able to establish what Fabre calls “his own historic truth infinitely more precious than the history of his reality that he knew only too well.”

The creation of his own historic truth in the Imaginary refers us back to Bachelard’s idea that our ability to alter the images and ideas furnished by perception is as important as our ability to perceive reality. We also should recall at this point Nicole Fabre’s autobiographical story of the meaning of the Imaginary in her life. You may have learned that our task is to put our patients in better touch with reality, so that they can better solve the problems of their everyday lives. This is only part of our job, since the Imaginary provides paths to change the meaning of reality and enables us to derive deep, positive meanings for ourselves.

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